



South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

RECEIVED
APR 09 2014
SD BOARD OF NURSING

Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Initial* Training Program

Renewal

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution:

Victoria A Weiss

Name of Primary RN Instructor:

Victoria A Weiss RN

Address: *2855 Dickson Dr (physical) "mailing address" PO Box 536 Sturgis, S.D. 57785*

Phone Number: *605-720-2913 / 605-490-0669* Fax Number: _____

E-mail Address of Faculty: *Zoeybear48@gmail.com*

- Request to use the following approved curriculum(s); submit a completed Curriculum Application Form for each selected curriculum. *Each program is expected to retain program records using the Enrolled Student Log form.*
 - ☐ 2011 South Dakota Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)
 - ☐ Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009)
 - ☒ Nebraska Health Care Association (2010) (NHCA)
 - ☐ We Care Online
- Qualifications of Faculty/Instructor(s): Attach resumes / work history demonstrating two years of clinical RN experience.
- List faculty and provide licensure information:

| RN FACULTY/INSTRUCTOR NAME(S) | RN LICENSE | | | |
|-------------------------------|-------------|----------------|-------------------|--------------------------------------|
| | State | Number | Expiration Date | Verification (Completed by SDBON) |
| <i>Victoria A Weiss RN</i> | <i>S.D.</i> | <i>R034233</i> | <i>01/12/2015</i> | |
| | | | | |
| | | | | |

- A **Certificate of Completion** will be provided by the Board of Nursing upon approval; the certificate must be completed and given to each successful student upon completion of the Medication Administration Training Program.

RN Faculty Signature: *Victoria A Weiss RN* Date: *4-7-2014*

This section to be completed by the South Dakota Board of Nursing

Date Application Received: *4/15/14*
Date Application Approved: *4/23/14*
Expiration Date of Approval: *April 2016*
Board Representative: *[Signature]*

Date Notice Sent to Institution: *4/23/14*
Application Denied. Reason for Denial: